Cape Cod Aggregates Corp ~ Freetown Facility

NPDES Permit Tracking No.: MAR05D103

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

Annual Reporting Form

2009

A. GENERAL INFORMATION

1. Facility Name: Cape Cod Aggregates Corp

2. NPDES Permit Tracking No.: MAR05D103

3. Facility Physical Address:

a. Street: 9 Bryant Street

b. City: Freetown c. State: MA d. Zip Code: 02151 -

4. Lead Inspectors Name: Title:

Additional Inspectors Name(s):

5. Contact Person: Title:

Phone: - - Ext. E-mail:

6. Inspection Date: / /

B. GENERAL INSPECTION FINDINGS

1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
☑ YES ☐ NO

If NO, describe why not:

NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.

2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP? ☐ YES ☑ NO

If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

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3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP? ☐ YES ☑ NO

If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges and any control measures in place:

4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? ☑ YES ☐ NO ☐ NA, no monitoring performed

If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:

We reviewed data from 3 Analyticals -

6/23/09, 2/26/10, 3/31/10

5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:

6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site inspection?

☑ YES ☐ NO

If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions? 2

NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

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C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS

Complete one block for each industrial activity area where pollutants may be exposed to stormwater. Copy this page for additional industrial activity areas.

In reviewing each area, you should consider:

- Industrial materials, residue, or trash that may have or could come into contact with stormwater;
- Leaks or spills from industrial equipment, drums, tanks, and other containers;
- Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and
- Tracking or blowing of raw, final, or waste materials from areas of no exposure to exposed areas.

INDUSTRIAL ACTIVITY AREA 01

1. Brief Description:

Quarry Area / Aggregate Processing Plant

2. Are any control measures in need of maintenance or repair? ☐ YES ☑ NO
3. Have any control measures failed and require replacement? ☐ YES ☑ NO
4. Are any additional/revised control measures necessary in this area? ☐ YES ☑ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised c necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____:

Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO
3. Have any control measures failed and require replacement? ☐ YES ☐ NO
4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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NOTE: Copy this page and attach additional pages as necessary.

INDUSTRIAL ACTIVITY AREA _____

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

INDUSTRIAL ACTIVITY AREA _____

1. Brief Description:

2. Are any control measures in need of maintenance or repair? ☐ YES ☐ NO

3. Have any control measures failed and require replacement? ☐ YES ☐ NO

4. Are any additional/revised BMPs necessary in this area? ☐ YES ☐ NO

If YES to any of these three questions, provide a description of the problem: (Any necessary corrective actions should be described on the attached Corrective Action Form)

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D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 01 of 02 for this reporting period
02

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☑ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☑ Other (describe): ANALYTICALS NOT collected

4. Briefly describe the nature of the problem identified:

Quarterly ANALYTICAL SAMPLES WERE NOT collected. We missed two quarters of sampling and reporting.

5. Date problem identified: 04 / 03 / 2012

6. How problem was identified:

- ☐ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☑ Other (describe): AN inquiry was made about our testing and reporting.

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

Control measures on the site are working properly. Corrective actions are to systematically sample and report analyticals in a timely manner according to our permit

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☑ NO

9. Date corrective action initiated: 04 / 03 / 2012

10. Date correction action completed: __ / __ / ____ or expected to be completed: __ / __ / ____ ON-going

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

Corrective action needs to be on-going to properly sample and follow the permit. ACA is working to implement a new system to ensure proper collection of samples →

over

reporting of those samples. CCA has taken numerous samples and <u>ALL</u> samples clearly show that there have been <u>no</u> excedences at any point.

Unfortunately, we have not sampled as often as we are required by our permit, nor have we properly reported our analytical sampling as required. We will properly sample and report in the future.

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D. CORRECTIVE ACTIONS

Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.

Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.

1. Corrective Action # 02 of 02 for this reporting period.

2. Is this corrective action:

- ☐ An update on a corrective action from a previous annual report; or
- ☐ A new corrective action?

3. Identify the condition(s) triggering the need for this review:

- ☐ Unauthorized release or discharge
- ☐ Numeric effluent limitation exceedance
- ☐ Control measures inadequate to meet applicable water quality standards
- ☐ Control measures inadequate to meet non-numeric effluent limitations
- ☐ Control measures not properly operated or maintained
- ☐ Change in facility operations necessitated change in control measures
- ☐ Average benchmark value exceedance
- ☑ Other (describe): ANALYTICALS NOT REPORTED

4. Briefly describe the nature of the problem identified:

QUARTERLY ANALYTICALS NOT PROPERLY REPORTED

5. Date problem identified: 04/03/2012

6. How problem was identified:

- ☐ Comprehensive site inspection
- ☐ Quarterly visual assessment
- ☐ Routine facility inspection
- ☐ Benchmark monitoring
- ☐ Notification by EPA or State or local authorities
- ☑ Other (describe): THIRD PARTY INQUIRY

7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:

REVIEWED REQUIREMENTS OF PERMIT WITH ENGINEERING CONSULTANT. SAMPLING WILL INCREASE & REPORTING OF RESULTS WILL FOLLOW.

8. Did/will this corrective action require modification of your SWPPP? ☐ YES ☑ NO

9. Date corrective action initiated: 04/03/2012

10. Date correction action completed: 04/20/2012 or expected to be completed: __/__/____ ON-GOING

11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:

ANALYTICALS THAT WERE TAKEN WILL BE REPORTED.

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E. ANNUAL REPORT CERTIFICATION

1. Compliance Certification

Do you certify that your annual inspection has met the requirements of Part 12 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit? ☐ YES ☑ NO

If NO, summarize why you are not in compliance with the permit:

We are not in compliance with this permit because we missed at least two sampling periods and the associated reporting of those samples.
We have, however, based up daily reports, ~~and~~ monthly meetings, and frequent site visits remained in

2. Annual Report Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative Printed Name: _____ Title: _____

Signature: _____ Date Signed: _____

compliance with BMP requirements and visual site inspections of all areas with the industrial activity area.
We will continue to perform routine site assesments as well as quarterly reviews.